

3.3 ETIOLOGY OF LEUCODERMA

- It is more common in darker races, in the age group 10 to 30 years.
- Both sexes are considered equally affected, but others found the ratio 1:2.5 to male and female (young girls and boys) in India.
- The disease appears and progresses without any apparent cause.
- In some cases, the cause is suspected to be either local injury or psychological trauma. Thus only the constitution of the patients has been mainly held responsible.
- Predisposition to leucoderma may also be the cause:
 - i. 30–33% family history of disease
 - ii. It appears to be transmitted as autosomal dominant mendelian characteristics.
 - iii. Blood types B and AB are more predisposed.
 - iv. Alopecia areata and canities also contribute in family history.
 - v. Syphilis

3.3.1 SOME TRIGGERING FACTORS WHICH ALSO PRECIPITATE THE DISEASE

- Mental stress
- Psychological trauma
- Emotional stress
- Worm infection
- Burns, injuries and itching friction
- Chemical exposure, particularly from rubber, rubber goods and phenol compounds

3.3.2 AUTOIMMUNE DISEASE

- Hyper thyroidism
- Pernicious anemia (low level of hemoglobin, defective absorption of vitamin B-12)
- Diabetes mellitus
- Adrenal insufficiency
- Prolonged gastrointestinal disturbances
- Adrenocortical insufficiency

3.3.3 AUTOIMMUNE HYPOTHESIS

In addition to all the above predispositions, as well as precipitating and triggering factors contribute to leucoderma, a disturbed autoimmune system in which the destruction of melanocytes cells takes place by lymphocytes is also responsible (Cape et al. 2003; Kemp et al. 2002; Ongenae et al. 2003). The reason for the loss of melanocyte cells or their abnormal function, however, is not exactly clear. The theories (Harning et al. 1991) include: